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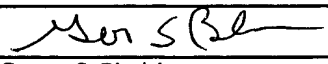
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TRANSMITTAL FORM APR 13 2006 Do not be used for all correspondence after initial filing PATENT & TRADEMARK OFFICE	Application Number	09/862,636	
	Filing Date	May 22, 2001	
	First Named Inventor	Ervin Goldfain	
	Art Unit	3735	
	Examiner Name	John R. Sanders	
Total Number of Pages in This Submission	46	Attorney Docket Number	281-329.02

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Two checks totaling \$300 (\$120 One Month Extension of Time Fee and \$180 IDS Fee), PTO/SB/08A Information Disclosure Statement by Applicant (1 pg.), PTO/SB/08B Information Disclosure Statement by Applicant (1 pg.), One copy of cited references AC-AG, Certificate of Express Mailing and Return Mail Room Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account No. <u>50-0289</u> .
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	George S. Blasiak	Reg. No. 37,283
Signature		
Date	April 13, 2006	

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<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <p><small>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small></p> <p>FEE TRANSMITTAL</p> <p>APR 13 2006 For FY 2006</p> </div> <div style="text-align: right;"> <p>Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/862,636</td></tr> <tr><td>Filing Date</td><td>May 22, 2001</td></tr> <tr><td>First Named Inventor</td><td>Ervin Goldfain</td></tr> <tr><td>Examiner Name</td><td>John R. Sanders</td></tr> <tr><td>Art Unit</td><td>3735</td></tr> <tr><td>Attorney Docket No.</td><td>281-329.02</td></tr> </table> </div> </div>		Application Number	09/862,636	Filing Date	May 22, 2001	First Named Inventor	Ervin Goldfain	Examiner Name	John R. Sanders	Art Unit	3735	Attorney Docket No.	281-329.02
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Art Unit	3735												
Attorney Docket No.	281-329.02												
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27													
TOTAL AMOUNT OF PAYMENT	\$300.00												
Express Mail Label No. EV676909353US													
METHOD OF PAYMENT (check all that apply)													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): ____													
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
FEE CALCULATION													
1. BASIC FILING, SEARCH, AND EXAMINATION FEES													
	FILING FEES		SEARCH FEES		EXAMINATION FEES								
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)						
Utility	300	150	500	250	200	100							
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300							
Provisional	200	100	0	0	0	0							
2. EXCESS CLAIM FEES							Small Entity						
Fee Description	Fee (\$)	Small Entity Fee (\$)											
Each claim over 20 (including Reissues)	50	25											
Each independent claim over 3 (including Reissues)	200	100											
Multiple dependent claims	360	180											
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims									
- 20 or HP =	x	=		Fee (\$)									
HP= highest paid number of total claims paid for, if greater than 20													
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)										
- 3 or HP =	x	=											
HP =highest number of independent claims paid for, if greater than 3													
3. APPLICATION SIZE FEE													
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)									
- 100 =	/ 50 =	(round up to a whole number) x	=										
4. OTHER FEES													
	Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)													
Other: One Month Extension of Time (\$120) and Information Disclosure Statement Fee (\$180)	\$300.00												
SUBMITTED BY													
Signature		Registration No. 37,283 (Attorney/Agent)	Telephone 315-425-9000										
Name (Print/Type)	George S. Blasiak	Date April 13, 2006											